₩300 Greensboro Dr. Suite 1200 McLean, VA 22102 (703) 584-8678 WWW.FCCLAW.COM



Appented / Filed

June 25, 2015

JUN 25 2015

VIA HAND DELIVERY

Federal Communications Commission
Office of the Secretary

Marlene H. Dortch Secretary Federal Communications Commission 445 12th Street, S.W., Room TW-A306 Washington, DC 20554 ORIGINAL

Re: FCC Form 690 – Mobility Fund Phase I, Annual Report Form WC Docket No. 10-208

Dear Secretary Dortch:

On behalf of Texas 10, LLC ("TX-10"), for the State and Study Area Codes (SACs) set forth below, please find attached TX-10's FCC Form 690 Annual Report, filed pursuant to Section 54.1009 of the Commission's Rules ("Form 690 Report"). Each Form 690 Report has been submitted to the Universal Service Administrative Company through its E-File System.

State	SACs
Texas	448002, 448006, 448007, 448008, 448009, 448010, 448011, 448012, 448013,
	448014, 448015, 448016, 448017, 448018, 448019, 448020, 448022, 448023, 448024, 448025, 448026, 448028, 448029, 448030, 448031, 448032, 448033,
	448034, 448035, 448036, 448037, 448038, 448039, 448040, 448041, and
	448042

An additional copy of this letter has been provided, which you are requested to date-stamp and return.

	Λ	
No. of Copies rec'd	U	
List ABCDE		

Marlene H. Dortch, Secretary Federal Communications Commission June 25, 2015 Page 2

Please contact the undersigned at 703-584-8673 if any questions arise concerning the above-referenced enclosures or if you require any additional information.

Sincerely,

LUKAS, NACE, GUTIERREZ & SACHS, LLP

Todd Slamowitz

Attorney for Texas 10, LLC

Attachments

				FC¢ Form
Mobility				Approved by OMB
	- §54.1009 / lection Form	Annual Reporting		OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
	Study Are		448002	
1712	Study Are		Texas 10, LLC	Apapted / Filed
<020>	Program Y	'ear	2015	•
<030>	Contact N	ame: Person USAC should contactions about this data	t Ana Bataille	JUN 25 2015
<035>	Contact Te	elephone Number: If the person identified in data line	e <030>	Federal Communications Commission Office of the Secretary
<039>	Contact Er Email of th	mail: he person identified in data line <	030> abataille@cellonenation.com	
				(check box when complete)
<040>	Has the in	formation required pursuant to	§54.1009 been provided with a Form 481 fili	ng (Y/N) <040> O
	<041>	Attach a description of the docu	ments filed with the Form 481 reporting	<041>
			parament not be seen and ended it is uppersoner transference — premiantity it in the individual ender	3,000,50000
	<042>	Cite the Study Area Code (SAC)	for the Form 481 reporting	<042>
<050>	<u>Carrier C</u>	ontact Information	(complete attached worksheet)	<050>
<060>	Coverage	and Performance Report	(complete attached worksheet)	<060>
<070>	Urban Rat	te Comparability Certification	(complete attached certification)	<070>
<080>	Tribal Lan	ds Reporting (y/n?) (Does this st	udy area cover tribal lands? Yes or No)	\circ
			(If yes, complete the attached works)	neet) <080>
<090>	Project U	odate Information	(complete attached worksheet)	<090>
<100>	Certificati			
	<101>	Reporting Carrier Certification	(complete attached certification)	<101> 🗸
	<102>	Agent Certification	(complete attached certification)	<102>

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(OSO) Care	ler Contact Form			FCC Form 690
9807	er contact only			Approved by OMB
3500 Sec. 1				OMB Control No. 3060-1185
	The state of the s		The state of the s	Page 2 of 8
<010>	Study Area Code		448002	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2015	
<030>	Contact Name - Person USAC should contact regarding	this data	Ana Bataille	
<035>	Contact Telephone Number - Number of person identif		6105356911 ext.	W
<039>	Contact Email Address - Email Address of person identif	fied in data line <030>	abataille@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	0017235110		
<111>	Filing Carrier Name	Texas 10, LLC	7574	
<112>	Winning Bidder Carrier Name	Texas 10, LLC	TURE 5.00	
<113>	Street Address (or PO Box)	1170 Devon Park Dri	ve Suite 104	
<114>	City	Wayne	ve, built 101	
<115>	State	(A	12.00	
		PA		
<116> <117>	Zip-Code	19087		
	Telephone Number Fax Number	6105356911 ext.	4-2	
<118> <119>	Email Address	6106885209		
(1192	Email Address	abataille@cellonena	tion.com	
Contact In	formation			
	if same as above, indicate in this box			
<120>	Name (First, MI, Last, Suffix)	Ana Bataille		
<121>	Filing Carrier Name	Texas 10, LLC	political and a second	
<122>	Street Address (or PO Box)	1170 Devon Park Driv	ve. Suite 104	
<123>	City	Wayne		
<124>	State	PA		
<125>	Zip-Code	19087		
<126>	Telephone Number	6105356911 ext.	The state of the s	
<127>	Fax Number	6106885209		5 9
<128>	Email Address			
		abataille@cellonenat	cion, com	· · · · · · ·
Authorized	d Agent Information if no agent, indicate in this box ✓			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company		1000 Mb	The same of the sa

<132>	Street Address (or PO Box)			
<133>	City			
<134>	State		1000-11-11	
<135>	Zip-Code		ar a constant and a c	
<136>	Telephone Number			
<137>	Fax Number	7=	9/4/2	
<138>	Email Address	31 - 3 2 3 3 3		MACA NO.
	-		- 72	

(060) Co	verage and Performance Report		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448002	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2014 - 07/2015		v. y.
	448002_CPRd	_TX.zip	

Coverage and Performace attachements

<141> <c1> Total Road Road Certify that Road Miles per Miles Coverage and Resident **Total Resident** Miles Census Performance data covered Resident Population Population Block is uploaded per per Population per **Newly Reached** Reached by Census Newly Census (Yes/no) Census Block Census Block Block Reached Block State County by Service Service -- See attached worksheet

Percentage of Total
Population Reached by
Service

Percentage of Total
Road Miles covered
by Service

(070) Urt	oan Rate Comparability Certification Compliance	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
<010>	Study Area Code	448002
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

	ertification of Officer or Emp	ployee as to Compliance with 47	CFR 954.1009(a)(4)
certify that I am an officer or employee of form and in any attachments is accurate.	the reporting carrier; my respon	sibilities include ensuring compliance	with 47 CFR §54.1009(a)(4), the information reported on the
Name of Reporting Carrier: Texa	s 10, LLC		
Signature of Authorized Officer:	CERTIFIED ONLINE	11/2	Date 06/25/2015
Printed name of Authorized Officer:	Ana Bataille		
itle or position of Authorized Officer:	Tax & Regulatory Manager	7 - 400 K - 1 1 - 4 W - M - 1 1 - 4 W	
elephone number of Authorized Officer:	6105356911 ext.	110 - 100 -	
tudy Area Code of Reporting Carrier:	448002	Filing Due Date for this form:	07/01/2015

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the Information reported on behalf of the reporting orting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
: 전경 : 하면 사용하면 하면 (CONT) : 하는 경상하면 16명 프랑 (CONT) (CONT) (CONT) (CONT) (CONT) (CONT) (CONT) (CONT) (CONT) (CONT	inished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment older Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authoriz	to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
, as agent for the reporting carrier, certify that I am author data provided by the reporting carrier; and, to the best of n	d to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
rinted name of Authorized Agent or Employee of Agent:	
itle or position of Authorized Agent or Employee of Agent	
elephone number of Authorized Agent or Employee of Ager	to the
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

(080) Triba	ll Lands Reporting		7. '\$ 	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
-010-	Candy Asso Code			
<010> <015>	Study Area Code Study Area Name		448002	
<020>	Program Year		Texas 10, LLC	
<030>	Contact Name - Person USAC should contact regarding t	his data	2015 Ana Bataille	
<035>	Contact Telephone Number - Number of person identifie		6105356911 ext.	
<039>	Contact Email Address - Email Address of person identifi		abataille@cellonenation.com	
<142>	State		and all lewes continues on the	
<143>	County			, , , , , , , , , , , , , , , , , , ,
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attached Docum	ent (.pdf)	
	If your company serves Tribal lands, please select (Yes, Neach of these boxes to confirm the status described on tPDF, on line 145, demonstrates coordination with the Tgovernment pursuant to § 54.1004 includes:	he attached ribal	elect	
-1.46		10000	, No, Not Applicable)	

		Select (Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	(30),30),300
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code	
<015>	Study Area Name	448002
<020>	Program Year	Texas 10, LLC 2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	
10332	Contact Email Address Email Address of person defitting in data line 30502	abatailie@celionenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	99997.24
<203>	Total Mobility Fund Support Disbursed	33332.41
<210> <211>	Actual Completion Date Project Status Description (attached)	448002_PSD_TX.pdf
<212> <213> <214> <215> <216> <217>	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate. Status of Network Deployment - Network Design Status of Network Deployment - Construction Status of Network Deployment - Deployment Status of Network Deployment - Maintenance Project Budget Status Project Plan Status	{Name of PDF attached}
<218>	Certify Network will Support 3G/AG Mobile Service (Ves. / No.)	0 0

(101) Ceri	tification - Reporting Carrier		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
<010>	Study Area Code	448002	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2015	-
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com	

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilition best of my knowledge, the information reported on this form and in a	es include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the any attachments is accurate.
Name of Reporting Carrier: Texas 10, LLC	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/25/2015
Printed name of Authorized Officer: Ana Bataille	
Title or position of Authorized Officer:	er
Telephone number of Authorized Officer: 6105356911 ext.	
Study Area Code of Reporting Carrier: 448002	Filing Due Date for this form: 07/01/2015

(102) Cer	tification - Agent / Carrier		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 8 of 8
<010>	Study Area Code	448002	- 9
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2015	= 20 00
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting cartals also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.					
Name of Authorized Agent:					
Name of Reporting Carrier:					
Signature of Authorized Officer:	Date:				
Printed name of Authorized Officer:					
Title or position of Authorized Officer:					
Telephone number of Authorized Officer:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Author	rized to File for Mobility Fund Recipients on Behalf of R	teporting Carrier
하는 마스트 이 프로그램 수 있다면 그 아이에 걸려 있다면 하는 사람들이 없는 아이들이 아니는 사람들이 되었다. 그런 사람들이 되었다면 하는 것이 없는 것이다.	orized to submit the reports for Mobility Fund recipients on behicarrier; and, to the best of my knowledge, the information repo	
Name of Reporting Carrier:	**************************************	
Name of Authorized Agent or Employee of Agent:		- 10 Ti
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Ag	gent:	2.4
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

(060) Ca	Nerage and Performance Report	Approved by OMB OMB Control No. 3060-1185
<010>	Study Area Code	448002
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com
-140>	Coverage and Performance Penert Vers	00/2024 07/2025

<141>	<=1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<63>	et1>	<c2></c2>	<c3></c3>	(d)
	State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
	7	Anderson	0000	0			N. WILLIAM	10.00	0.0	Yes
	TX				0	0	0.0	0.0	0.0	160
										-
									·	
										1

Percentage of Total Population Reached by Service

0			

Percentage of Total Road Miles covered by Service

0			

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC ("Texas 10" or "the Company") has completed construction and deployment with respect to the SAC associated with this filing. Drive testing is ongoing throughout those census tracts for which the Company has been authorized to receive awards, with all drive testing and disbursement request filings to be completed in advance of the Company's construction deadline of August 17, 2015. On or prior to that date, Texas 10 will submit these filings, which will include the required coverage and performance data. Please reference the Company's disbursement request filings for additional coverage and performance information.

Texas 10, LLC Form 690 – Annual Report for August 2014 – July 2015

Project Status Description

Item: SAC 448002

County/State: Anderson, TX
Total Award Amount: \$99,997.24

Project Description

The initial Project Description for this project was filed by Texas 10, LLC ("Texas 10" or "the Company") on November 1, 2012, accompanying its Form 680 long form application. The Company updated this information in its 2014 Mobility Fund Phase I Annual Report, filed July 30, 2014. Both filings are incorporated herein by reference. The current update of material changes to the Project Description information previously provided for this census tract is as follows. Texas 10 has completed network design, construction, and deployment of the contemplated upgrades to its network. The upgrades have been tested and launched into commercial service. The network is now serving customers in this census tract with mobile broadband as well as voice services. The project remains within total amounts budgeted. The Company remains firmly committed to complying with all regulatory obligations associated with the support. Texas 10 has commenced its monthly, semiannual and annual maintenance reviews at each cell site, and will obtain third-party maintenance services and replacement equipment from its vendors as applicable.

	Fund §54.1009 Annual Reporting lection Form		FCC form Approved by DMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448006	Assented / Filed
<015>	Study Area Name	Texas 10, LLC	Accepted / Filed
<020>	Program Year	2015	JUN 25 2015
<030>	Contact Name: Person USAC should contact with questions about this data	Ana Bataille	Federal Communications Commission Office of the Secretary
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356911 ext.	
<039>	Contact Email: Email of the person identified in data line <030>	abataille@cellonenation.com	
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents fi	iled with the Form 481 reporting	<041>
<050>	<042> Cite the Study Area Code (SAC) for the Formation	orm 481 reporting (complete attached worksheet)	<042>
<060>	Coverage and Performance Report	(complete attached worksheet)	<060>
<070>	Urban Rate Comparability Certification	(complete attached certification)	<070> 🗸
<080>	Tribal Lands Reporting (y/n?) (Does this study area co	ver tribal lands? Yes or No)	\circ
		(If yes, complete the attached worksheet)	<080>
<090>	Project Update Information	(complete attached worksheet)	<090>
<100>	<u>Certifications</u> <101> Reporting Carrier Certification (com	plete attached certification)	<101>
	<102> Agent Certification (com	rolete attached certification	<102>

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(OED) Com			100 F		ece eeno
(oso) carr	ler Contact Form				FCC Form 690 Approved by OMB
486					OMB Control No. 3060-1185
1000		ara en ista			Page 2 of 8
<010>	Study Area Code			448006	
<015>	Study Area Code Study Area Name			Texas 10, LLC	
<020>	Program Year		J ()	2015	PROPERTY OF THE PROPERTY OF TH
<030>	Contact Name - Person USAC should contact rega	rding 1	his data	Ana Bataille	
<035>	Contact Telephone Number - Number of person i			6105356911 ext.	
<039>	Contact Email Address - Email Address of person i	identif	ied in data line <030>	abataille@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder				
<110>	FCC Registration Number		0017235110	1000	
<111>	Filing Carrier Name		Texas 10, LLC		
<112>	Winning Bidder Carrier Name		Texas 10, LLC		
<113>	Street Address (or PO Box)		1170 Devon Park Dri	ve, Suite 104	
<114>	City		Wayne	100-111	
<115>	State		PA		
<116>	Zip-Code		19087		
<117>	Telephone Number		6105356911 ext.		
<118>	Fax Number				
<119>	Email Address		6106885209	S. Mark.	
			abataille@cellonena	tion.com	
	P				
Contact In	formation if same as above, indicate in this box	\Box			
41205	그런 그렇게 잃어 ~ 맛있다. ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^	✓			
<120>	Name (First, MI, Last, Suffix)		Ana Bataille		
<121>	Filing Carrier Name		Texas 10, LLC	- WHEN THE TOTAL THE TANK	
<122>	Street Address (or PO Box)		1170 Devon Park Dris	ve Suite 104	
<123>	City		Wayne	100	
<124>	State		PA		
<125>	Zip-Code		19087		
<126>	Telephone Number		6105356911 ext.		
<127>	Fax Number		6106885209	2-22-	
<128>	Email Address		abataille@cellonenat	cion.com	
				- 124 III - 12	
A					
Authorize	d Agent Information if no agent, indicate in this box	1			
<130>	Name (First, MI, Last, Suffix)				
<131>	Company				
<132>	Street Address (or PO Box)			Control of the contro	
<133>	City	-			
<134>	State				
				THE STATE OF THE S	
<135>	Zip-Code	-			
<136>	Telephone Number	-			
<137>	Fax Number	-			
<138>	Email Address	_			

(060) Co	verage and Performance Report		Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448006	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com	***************************************
<140>	Coverage and Performance Report Year 08/2014 - 07/2015		
	448006_CPRd	_TX.zip	1

Coverage and Performace attachements

<b1> <b3> <01> <c2> <141> Total Road Road Certify that Road Miles per Miles Coverage and Resident **Total Resident** Miles Performance data Census covered Resident Population Population Block is uploaded per per Newly Reached Reached by Population per Census Newly Census (Yes/no) State County Census Block Census Block by Service Service Block Reached Block -- See attached worksheet Percentage of Total Percentage of Total

Road Miles covered

by Service

Population Reached by

Service

(070) Url	oan Rate Comparability Certification Compliance	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
<010>	Study Area Code	448006
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)				
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Texa	as 10, LLC			
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/25/2015	
Printed name of Authorized Officer:	Ana Bataille			
Title or position of Authorized Officer:	Tax & Regulatory Manage	er		
Telephone number of Authorized Officer:	6105356911 ext.		and the control of	
Study Area Code of Reporting Carrier:	448006	Filing Due Date for this form: 07/01/2015		

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

certify that (Name of Agent)	Is authorized to submit the information reported on behalf of the reporting
carrier. I also certify that I am an officer or employee of the re	porting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the repor	s and data provided to the authorized agent is accurate.
Name of Authorized Agent:	200
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
	unished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment
	nder Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorize	d to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
, as agent for the reporting carrier, certify that I am authorize	ed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based or
data provided by the reporting carrier; and, to the best of m	knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	The state of the s
Name of Authorized Agent or Employee of Agent:	
lignature of Authorized Agent or Employee of Agent:	Date:
rinted name of Authorized Agent or Employee of Agent:	
itle or position of Authorized Agent or Employee of Agent	
elephone number of Authorized Agent or Employee of Agent	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:

080) Triba	al Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448006	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2015	
<030>	Contact Name - Person USAC should contact regarding th	is data	Ana Bataille	0 30 0
<035>	Contact Telephone Number - Number of person identified		6105356911 ext.	
<039>	Contact Email Address - Email Address of person identifie	d in data line <030>	abataille@cellonenation.com	
<142>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attached Docume	ent (.pdf)	

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	(Yes, No, Not Applicable)
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	U

(090) Project	Update Information	FCC Form 690 Approved by OMB OM8 Control No. 3060-1185
and depth		Page 6 of 8
<010>	Study Area Code	448006
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	221824.08
<203>	Total Mobility Fund Support Disbursed	73941.36
<210>	Actual Completion Date	
		[
<211>	Project Status Description (attached)	448006_PSD_TX.pdf
		1
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	,
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	í
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	✓
<217>	Project Plan Status	
<218>	Certify Network will Support 3G/4G Mobile Service (Yes / No)	⊙ ○

(101) Cert	ification - Reporting Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
<010>	Study Area Code	448006
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Texas 10, LLC				
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/25/2015			
Printed name of Authorized Officer: Ana Bataille				
Title or position of Authorized Officer: Tax & Regulatory Manager				
Telephone number of Authorized Officer: 6105356911 ext.				
Study Area Code of Reporting Carrier: 448006 Filing Due Da	te for this form: 07/01/2015			

(102) Cer	tification - Agent / Carrier	FCC Form 690 Approved by OMB OMB Control No., 3060-1185 Page 8 of 8
<010>	Study Area Code	448006
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the	
also certify that I am an officer of the reporting carrier; my agent; and, to the best of my knowledge, the reports and d	sponsibilities include ensuring the accuracy of the data reporting requirements provided to the a	ıthorized
agent, and, to the best of my knowledge, the reports and d	a provided to the authorized agent is accurate.	
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier			
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.			
Name of Reporting Carrier:			
Name of Authorized Agent or Employee of Agent:	-112		
ignature of Authorized Agent or Employee of Agent:		Date:	
Printed name of Authorized Agent or Employee of Agent:			
Title or position of Authorized Agent or Employee of Agent			
elephone number of Authorized Agent or Employee of Ag	gent:		
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:		

Attachments

00/10/2011

(060) Co	verage and Performance Report	FCC Form 690 Approved by OMB OMB Control No. 3060-1185		
<010>	Study Area Code	448006		
<015>	Study Area Name	Texas 10, LLC		
<020>	Program Year	2015		
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille		
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com		
<140>	Coverage and Performance Report Year	08/2014 - 07/2015		

<c2> <c3> <d> <141> Certify that **Total Road** Coverage and Total Resident Road Miles Resident Miles Performaçõe Population Population **Road Miles** per Census Resident covered per data is uploaded Newly Reached by Service **Block Newly** Population per Reached by per Census Census Block (yes/no) Census Block Service Block Reached Census Block State County Angelina 0000 Yes 0 0 0.0 TX 0 0.0 0.0

> Percentage of Total Population Reached by Service

0			

Percentage of Total Road Miles covered by Service

0	7.0	

FCC Form 690 - Coverage and Performance Data Update

. . . .

Texas 10, LLC ("Texas 10" or "the Company") has completed construction and deployment with respect to the SAC associated with this filing. Drive testing is ongoing throughout those census tracts for which the Company has been authorized to receive awards, with all drive testing and disbursement request filings to be completed in advance of the Company's construction deadline of August 17, 2015. On or prior to that date, Texas 10 will submit these filings, which will include the required coverage and performance data. Please reference the Company's disbursement request filings for additional coverage and performance information.

Texas 10, LLC Form 690 – Annual Report for August 2014 – July 2015

Project Status Description

Item: SAC 448006

County/State: Angelina, TX

Total Award Amount: \$221,824.08

Project Description

The initial Project Description for this project was filed by Texas 10, LLC ("Texas 10" or "the Company") on November 1, 2012, accompanying its Form 680 long form application. The Company updated this information in its 2014 Mobility Fund Phase I Annual Report, filed July 30, 2014. Both filings are incorporated herein by reference. The current update of material changes to the Project Description information previously provided for this census tract is as follows. Texas 10 has completed network design, construction, and deployment of the contemplated upgrades to its network. The upgrades have been tested and launched into commercial service. The network is now serving customers in this census tract with mobile broadband as well as voice services. The project remains within total amounts budgeted. The Company remains firmly committed to complying with all regulatory obligations associated with the support. Texas 10 has commenced its monthly, semiannual and annual maintenance reviews at each cell site, and will obtain third-party maintenance services and replacement equipment from its vendors as applicable.